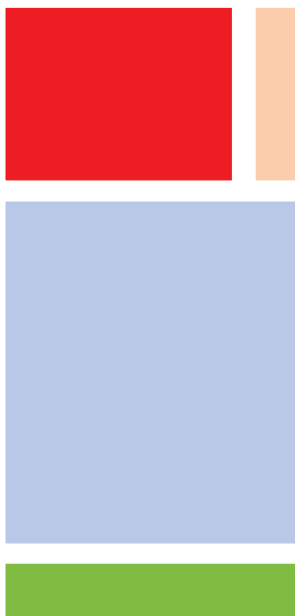


Induction of Labour

Patient Information Leaflet Womens and Childrens Unit



Options available

If you'd like a large print, audio, Braille or a translated version of this leaflet then please call:

01253 955588

Our Four Values:

People Centred

Positive

Compassion

Excellence

Induction of Labour

Introduction

This leaflet is designed to give you information on what Induction of labour is, how and why it is performed and what some of the benefits and disadvantages there are. Hopefully it will therefore answer some of your questions, if you have any other questions please ask your midwife or doctor for further explanations.

What is Induction of labour?

Induction of labour is a process of artificially starting a labour.

Why is labour induced?

In most pregnancies labour starts naturally between 37 and 42 weeks, leading to the birth of the baby. Research has shown that the placenta will become less efficient in a number of pregnancies after the 41st week.

Therefore if labour has not started naturally a date for induction will be offered to you, which is normally when you are 12 days overdue.

Induction of labour may also be offered when

- Women have a medical condition such as pregnancy induced hypertension (high blood pressure) or diabetes
- There is concern for the well being of the baby
- The membranes (waters) have broken: often labour will start when this happens but in some cases it does not. The midwife will advise you in this situation.

What happens if I need to be induced?

Your midwife or doctor will arrange a date for you to come to Ward D to start the induction process. Before this date you may be offered a "membrane sweep".

Membrane Sweep and Prostaglandin

What is a membrane sweep?

A Membrane sweep is a process whereby the midwife or doctor places a finger just inside your cervix and makes a circular, sweeping movement to separate the membranes from the cervix. By performing a membranes sweep the chances of labour starting naturally within the following 48 hours is increased and should be the first method used if induction of labour is advisable, unless your membranes have already broken. It can be carried out at home, at an antenatal clinic appointment or in hospital. The procedure may cause some discomfort and afterwards it is not uncommon to have a "show" later in the day. The "show" is a plug of mucous (sometimes quite blood stained) which is released as the cervix begins to open. If you are being induced for reasons other than being overdue, a membrane sweep is less likely to be performed.

How is labour induced?

The following methods can be used to induce your labour

Prostaglandin Prostaglandin is a drug that induces the labour by encouraging the cervix to soften and shorten. Your baby's heartbeat will be monitored before prostaglandin, which is given by either a gel, pessary or tablet inserted into your vagina. The type of prostaglandin required in your individual case will be discussed with you.

Sometimes Prostaglandin is sufficient to start a labour, and you will be re-examined after 6 hours if you have the gel or tablet, and 24 hours if you have the pessary. If labour has not started and your cervix does not start to open, the process may need to be repeated. In some cases even after 2 or 3 doses of prostaglandin, it may not be possible to break the waters and the doctor will discuss a plan of care with you.

Breaking the Waters and Syntocinon Infusion

Artificial Rupture of the Membranes (ARM)

This is also known as “breaking the waters” and can be used when the cervix has started to ripen and dilate either by itself or by using Prostaglandin. The procedure will only be carried out on Delivery Suite.

It involves an internal vaginal examination during which the amnihook is passed through the vagina and a small hole is made in the membranes surrounding the baby. This allows the fluid surrounding the baby to drain away.

The procedure will not harm you or your baby although it might be uncomfortable. Having the membranes broken should encourage more effective contractions.

Syntocinon

Sometimes Prostaglandin and/or breaking the waters is sufficient to start a labour, but many women require Syntocinon.

This drug is given using a drip into a vein in your hand or arm. It is only administered on Delivery Suite. It causes the womb to contract and is usually used after the membranes have broken either naturally or artificially.

Syntocinon is carefully administered by a pump and the dose slowly increased as necessary. The aim is for the womb to contract regularly until you give birth.

When using this method of induction, your baby’s heartbeat will need to be continuously monitored.

Advantages and Disadvantages

Advantages or Benefits of Induction of Labour

- Induction of labour may relieve a medical condition (such as pregnancy induced hypertension) which may otherwise worsen
- Pregnancy is not prolonged beyond a date when the placenta may not function as well as it did earlier in the pregnancy
- Induction of labour may be performed to prevent you getting an infection if your waters have broken and labour has not yet started
- Some women feel less anxious when they have a date for induction.

Disadvantages of Induction of Labour

- Induction of labour may take up to 48 hours or even longer. This is especially the case when Induction of labour is attempted before term +12 days without any specific medical reasons
- You will not be able to have your baby at home
- You may require additional pain relief, including an epidural
- Whilst on ward D your birth partner may stay with you for visiting hours (8am to 8pm) but will not be able to stay overnight, unless your labour starts and you are transferred to Delivery Suite. Please do not ask staff to make exceptions because they are unable to do so.

Risks and Choice

Risks associated with Induction of Labour

The process of induction of labour may not work. If this happens the doctor will discuss the options with you - one of which is Caesarean Section.

The risk of failure for a first time mother is 1:4 The risk of failure for subsequent pregnancies is 1:20 Over-contracting of the womb may occur with either Prostaglandin or Syntocinon; drugs can be given to reverse over-contracting in extreme cases.

Induction of labour may increase the possibility of an instrumental delivery (vacuum or forceps) or a caesarean section. The indications for an Induction of labour will therefore be carefully considered and discussed with you beforehand.

Can I choose to be induced?

No, the decision to induce a labour is a medical one.

If you are booked under Midwifery Led Care then your Midwife can organise an induction date for you when you are approximately 12 days overdue.

If you do not go into labour before this date, your care will be transferred to a Consultant Obstetrician on the day you are admitted to be induced.

Any requests for an earlier date for induction will be considered on an individual basis by an obstetrician and will be reviewed against the risks and disadvantages as outlined above.

Postponement or Delay

Can I choose not to be induced?

Should you not wish to be induced you should discuss this with your midwife or doctor. It will be recommended that you attend the hospital to check you and your baby's well-being. This may entail listening to your baby's heartbeat on the monitor and may involve a scan to check the water around the baby.

How often you need to come to the hospital will be dependent on individual circumstances and the midwife or doctor will discuss this with you.

Why might my induction be postponed or delayed?

Midwives and doctors understand that, when your induction of labour is either postponed in the first place or delayed whilst you are in hospital, you will be very upset. However the safety of you and your baby is paramount, and distressing though the event may be, a delay may be the safest option. Your induction of labour will be postponed if

- The work load on Delivery Suite means there is no midwife available to care for you at the time
- The midwives and doctors have to prioritise mothers and babies for induction of labour, and another mother may have a greater need at the time than you.

On the day of your Induction of Labour, please call Ward D before you attend to make sure we have capacity in the unit.



Useful contact details

Delivery Suite 01253 953618

Day Assessment 01253 956820

Ward D 01253 953634

Hospital Switchboard: 01253 300000

Patient Relations Department

The Patient Relations Department offer impartial advice and deal with any concerns or complaints the Trust receives. You can contact them via:

Tel: **01253 955589**

email: **patient.relations@bfwh.nhs.uk**

You can also write to us at:

**Patient Relations Department, Blackpool Victoria Hospital,
Whinney Heys Road, Blackpool FY3 8NR**

Further information is available on our website: **www.bfwh.nhs.uk**

References

This leaflet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this leaflet are available on request from: **Procedural Document and Leaflet Coordinator 01253 953397**

Approved by: Women's Health Dpt
Date of Publication: 21/12/2015
Reference No: lc00010033 - PL/207V4
Author: Janet Danson-Smith
Review Date: 01/12/2018

